FOR OFFICE USE				
Received by:	Payment: WI, M, Ph.	CC/Check #:	Amount:	Receipt:
I-Approval:	Issue On:	Permit:	Expires On:	S-Approval:



# **Neighborhood Services Department**

#### **CODE COMPLIANCE**

630 East Hopkins, San Marcos, Texas 78666 Phone (512) 393-8440

City website: www.sanmarcostx.gov / Email: Health info@sanmarcostx.gov

http://www.ci.san-marcos.tx.us/index.aspx?page=129

### **Temporary Food Establishment (TFE): Permit Application**

PERMIT VALID FOR A MAXIMUM OF FOURTEEN DAYS FROM DATE OF ISSUANCE AND ARE NON-TRANSFERABLE

		VALID FOR	A MAAI	MUM OF FOURTE	EN DATS FROM	DATE OF 1S	SUANCE AND ARE	NON-TRANSFERABLE
Event Information	Note: Incom	plete appl	ications	will not be proc	essed and wil	l be returne	ed	
Coordinator Name:		Event Name:				# of Booths:		
Physical Address:	Street (Include Suite/Unit)			City			State	Zip Code
	Street (include Suite/Offit)			City			State	Zip Code
Organization Name	:				Org Type: (	) Profit (	) Non-Profit (Mus	st attach 501c)
Date(s) and Time(s)	of event:							
Booth Contact Inf	formation <i>N</i> c	te: Print r	names a					ocation (RESIDENCE)
Person Requesting	Permit:						Date of Birth: _	
Home Address:								
Driver's License:	Street (Include Suite/Unit)	/ [	Phone:	City	Email:		State	Zip Code
Dilver's License	DL/ID#	State	none.	(###) #######	_ LIIIaII	Most currer	t and accurate ema	il address
Booth Operator:			В	ooth Name:			Date of Birth:	
( ) Check if same as ab	oove (Person assumes Owi	ner's respo	nsibilities	for document sub	missions and th	ne permitted	establishment)	
Home Address:	Street (Include Suite/Unit)							
Government ID /	Street (Include Suite/Unit)			City			State	Zip Code
Driver's License:	DL/ID #	_ / F	Phone: _		Email:			
	DL/ID #	State		(###) #######	ľ	Most current a	and accurate email a	ddress
Food Types Prepar	ed \ Vended:							
Food Handlers In	formation (Required	to operate	booth)					
Food Handler Cer	tificate (FHC) Info	ormatio	n					
FHC Name:						Date	of Birth:	
Mailing Address:	0/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2	41.20			0.1		01.1	7' 0 1
	Street (Include Suite				City		State	Zip Code
FMC #:	Pho	ne:	#####	Email:	Most current ar	nd accurate or	mail address	
Cerunicate nu	iiiibei oii calu	(###)	<del>"""</del> <del>"   </del>	<del>***</del>	wost current at	iu accurate el	nan auuress	

#### DO NOT MAIL CASH PAYMENTS

Payment Forms Accepted: Cash, Check, Money Order, Visa, Mastercard, Discover cards accepted
Make checks and money orders payable to: City of San Marcos

Mailed payments must accompany completed applications with all required documentation. No incomplete applications will be processed. Payment applications submitted by mail to Neighborhood Services Division – Code Compliance, 630 E Hopkins St. San Marcos, TX 78666, or in person at same location. For customers submitting via email please note that a representative will contact you by phone to collect a credit card payment within 2 business days of submission (please do not write any credit card information on the email application). For email questions: <a href="Health\_info@sanmarcostx.gov">Health\_info@sanmarcostx.gov</a> All CPF and Application fees are non-refundable. Must fill signature line completely.

Signature below is required for processing.

Applicant's Signature (Or signer for Owner)

Printed Name

)ate

I acknowledge that all information supplied above is true and correct to the best of my knowledge and belief. I further acknowledge that the permit, for which I am applying, is subject to all provisions of the orders and ordinances of the City of San Marcos, and all of the provisions of the codes, statutes and rules adopted under the codes and statutes of the State of Texas governing food establishments.

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#### No Home-Prepared Foods Allowed

### **Temporary Food Event Application**

\*\* Submit at least 7 calendar days before the event date. \*\*

#### Responsibilities & Acknowledgements

The temporary event organizer (**not the individual booth operator**) are recommended to obtain all necessary Temporary Food Booth Permits for each booth at the event and site plan of booth locations.

#### **Application Submission**

- o Applications may be submitted in person (630 East Hopkins) or by email (health\_info@sanmarcostx.gov).
  - Applicants submitting in person must pay at time of submission.
  - Applicants submitting by email will be contacted by phone for a credit card payment within 2 business days
- o Application Deadline
  - Submit completed applications to the department at least 7 calendar days prior to the scheduled event
  - Applications submitted less than 7 calendar days prior to the start of the event may not be approved.

#### **Issue & Delivery**

- o Permits are non-transferable
- o Permits must be picked up in person, at the Walk-in Location. (630 East Hopkins)
  - Permits are available for pick-up Monday through Friday 8:30 AM 4:30 PM

#### Re-Issues

- o Permits may be reissued by the department due to schedule changes; subject to departmental discretion.
- o 'Rain Out' delays or Event cancellations may be granted if the department is notified within 24 hours of the cancellation.

I acknowledge that completion of this application does not guarantee a permit will be issued by the department. I further acknowledge that any permit granted will be subject to the Local and State Codes under which the permit is granted.

Applicant Initials

#### **Terms & Definitions**

**Food Booth:** A covered stall or partitioned stand used to present, prepare, or provide food to the general public.

Temporary Event: Any organized event or celebration that serves food or provides open beverage service taking place

at a location for no more than 14 consecutive days in conjunction with an organized event or

celebration. (This includes ice and beverages)

1 Day Event with Single Booth: An event that lasts one day and consists of only one booth.

#### What to Submit with the Application

1. Temporary Food Event Application Submit Page 1 & Page 2

2. Food Handler Certification Submit 1 per food booth

3. Individual Booth Listing Submit as many sheets as necessary

4. Government Issued Photo ID (Valid) Submit a clear copy

NO HOME-PREPARED FOODS ALLOWED

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## **Individual Booth Listing**

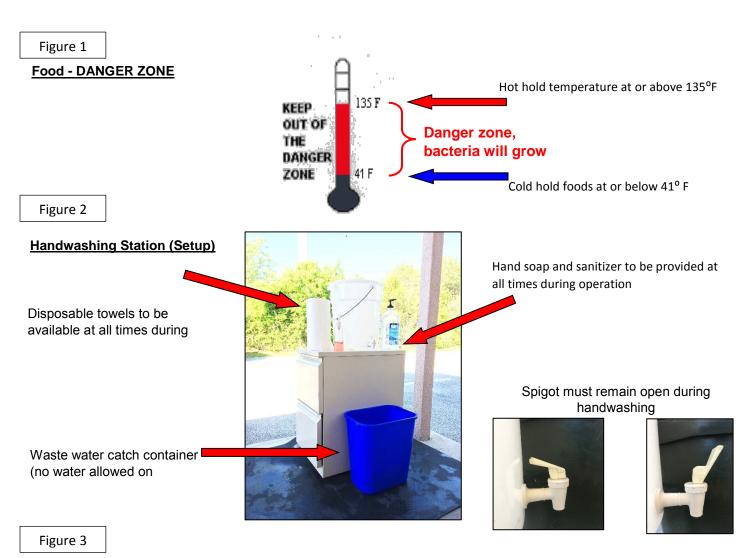
### **Food & Beverage Booth Information**

List each booth participating in the event by name and provide a list of the food and/or beverages the booth will offer to the public.

Print additional copies of the 'Food & Beverage Booth Information' sheet, if necessary.

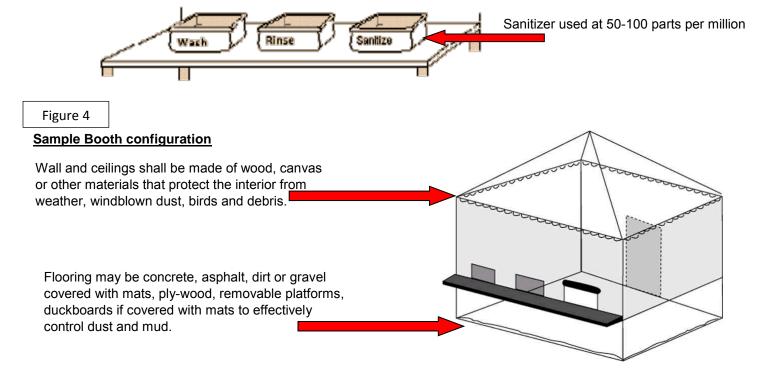
1.	Booth Name:	
	Food/Beverage:	
2.	Booth Name:	
	Food/Beverage:	
3.		
0.		
	r ood/Develage.	
4.		
	Food/Beverage:	
5.	Booth Name:	
	Food/Beverage:	
6.	Booth Name:	
_		
7.		
	Food/Beverage:	
8.	Booth Name:	
	Food/Beverage:	
9.	Booth Name:	
10		
10.		
	1 000/Deverage.	
11.	Booth Name:	
	Food/Beverage:	
12.	Booth Name:	
	Food/Beverage:	
13.	Booth Name:	
	•	
14.	Booth Name:	
	Food/Beverage:	





#### Three containers required, labeled Wash, Rinse and Sanitize.

• Each container must be large enough to fully submerge largest piece of ware \ equipment



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